



Section 5
Administrator's License Renewal Report
Professional Growth Experience Documentation

Section 5: Professional Growth Experience Documentation	<ul style="list-style-type: none">✓ Assemble all official documentation of your experiences✓ If an official document is not available, obtain a verification signature on the form provided	<ul style="list-style-type: none"> Any official documentation that certifies successful completion of a Professional Growth Experience This form (if needed)	1+ pages (as needed)
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First Renewable License Number:

Experience Title:

Location:

Date: Time: Total Hours: Points Earned:

Summary of Activity:

Please attach any relevant documentation of the experience **OR** complete this verification section for building level or corporation level activities. See Points Value Chart for descriptions of acceptable documentation.

Third-Party Verification of Activity:

I, the undersigned, hereby verify the Professional Growth Experience was, in fact, performed as herein described by the educator designated by the above license number.

I AFFIRM UNDER THE PENALTIES FOR PERJURY THAT THE FOREGOING STATEMENTS ARE TRUE.

_____ Printed Name	_____ Title
_____ Address	_____ Phone
_____ Verification Signature *	_____ Date
License Number _____	

* This person must hold a valid license issued by the Indiana Professional Standards Board.